JOB RETENTION AND JOB SATISFACTION OF OLDER NURSES IN THE WORKPLACE

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BY

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TABLE OF CONTENTS

ABSTRACT

RESEARCH PAPER: Job Retention and Satisfaction of Older Nurses in the Workplace

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Nurses in the Baby-Boomer generation are reaching retirement age in record numbers, a phenomenon that has contributed to the existing shortage of nurses in the workforce. Strategies to retain older nurses in the workplace are limited in number and lack documented effectiveness. Research has not yet clarified the relationships among variables that potentially impact job satisfaction and intent to stay in nursing among older nurses. The purpose of this correlational study was to explore job satisfaction, job retention, and associated factors in older nurses. The framework of this study was the Organizational Dynamics Paradigm of Nurse Retention (Taunton, Boyle, Woods, Hansen, & Bott, 1997). The study was a partial replication of Letvak and Buck's (2008) work, which was conducted in one Southern state in the United States of America. The sample for this study was registered nurses (n = 200) from three Midwestern states, randomly selected from databases maintained by state boards of nursing and invited to complete a six-part survey based on the work of Letvak and Buck, Mueller and McCloskey (1990), and McCain (McCloskey, 1990). Findings will assist nurse leaders in designing strategies to improve job satisfaction of older nurses and retain older nurses in the workplace.

Chapter I

Introduction

The globally evolving nursing shortage is receiving considerable attention from the healthcare industry, educators, researchers, and policy makers at the state and federal levels. This shortage involves both the demand and supply of nurses. Even in lieu of a slowing economy, health care continues to boom, and nursing shortages are slated to persist through the next 2 decades. Expected demand for RNs will continue to grow as healthcare needs are moving to the community and a focus on wellness, instead of hospital stays. In addition, during the next decade, the number of people aged 65 and older will double, increasing markedly the size of the population that will need more health care resources (Buerhaus, Staiger, & Auerback, 2009).

Nurses are essential to the delivery of safe patient care to provide optimal outcomes for patients and families. Multiple strategies are needed to offset the projected shortage of over 260,000 registered nurses in 2025 (Buerhaus et al., 2009). Specifically, factors that can increase the retention of older nurses in the workplace must be explicated and addressed.

Job satisfaction and job retention of older nurses are factors that can be explored to help address the nursing shortage. Aging of the nurse workforce may be the largest factor impacting healthcare environments, as employers struggle to diminish the physical effect of lifting thousands of pounds and walking several miles during each shift. The natural physiological changes that aging brings should be factored into the work environment, even as the knowledge and wisdom gained by nurses over the decades of experience should be valued. Little research has explored the variables related to perceptions of the work environment among older nurses. In order to design strategies that are effective in keeping older nurses in the workplace, new knowledge is needed about factors related to job satisfaction and job retention among older nurses. The purpose of this study is to explore the relationships among job satisfaction, job retention, and associated factors, including workplace characteristics, individual characteristics, work productivity, and intent to stay in a nursing position.

Background and Significance

Nursing shortages have been a concern for decades; however, health care leaders recognize that the present and imminent nursing shortage is different from previous ones because the retirement of large numbers of older nurses is a factor. Nurse retention and satisfaction are major concerns of the healthcare industry, as key influences in the nurse shortage and the delivery of high quality, safe, low-cost care are of vital importance (Kirschling, Colgan, & Andrews, 2011).

Older nurses are making decisions about whether to stay in the workforce or retire secondary to financial concerns, family healthcare needs, self-care needs, technological

advances, and a perceived inability to keep up with job demands. Nursing is more multifaceted and demanding now than it has ever been. Increasing demands are often due to trying to keep complex patients safe during hospitalization; decreased length of stay, which calls for doing more for the patient in fewer hospital days, and managing electronic documentation systems (Christmas, 2008).

The retirement of the Baby-Boomer generation could potentially cause a major change in healthcare from the perspective of the loss of experience that the older nurse brings to the bedside every day. Mature nurses are the fastest growing segment of the nurse workforce, and they can make up anywhere from one-fourth to one-half of a unit's nursing staff (Sherrod, 2012). The majority of nurse managers surveyed indicated that a broad mix of age variances is the most beneficial to the workplace environment. Indicators of patient safety also reflected that a general age spread is beneficial to patients.

The cost of replacing a nurse is estimated to run as high as 1.2 to 1.3 times a nurse's annual salary (Jones, 2004). Nurses who work in specialized areas, such as the operating room, labor and delivery, neonatal intensive care, or critical care, may cost even more to replace.

Retaining the best nurses helps improve worker morale. Unfilled positions place a major responsibility on the nurses who remain, as the patients still require safe care. As vacancy rates increase, nurses may experience loss of empowerment and burnout, which in turn may cause more attrition (Hill, 2010).

The shortage of nursing faculty has slowed the entry of new nurses into the workplace. Many nursing instructors have reached retirement age and have left the workforce without a replacement. Faculty positions require an advanced degree, yet salaries for these roles typically offer an entry level much lower than what hospitals might offer. These positions also offer less flexibility of schedules (Christmas, 2008).

As the scarcity of nurses trends upward, Baby-Boomers continue to age. Within the next 10 years, the average age of a registered nurse is forecast to be 45.4 years, an increase of 3.5 years over the current average (Keller & Burns, 2010). As Baby-Boomers age, they will require more and more health care resources. During the next decade, the number of people aged 65 and older will increase twice as much (Buerhaus et al., 2009).

Even in lieu of a slowing economy, health care continues to boom, and the demand for nurses will continue to grow 2% to 3% each year (Christmas, 2008). In 2002, the Bureau of Labor Statistics estimated that the US would be 800,000 RNs short of the national need by the year 2020. Since that time, this estimation has increased to more than a million nurse shortfall by 2012 (Keller & Burns, 2010). Little research has been conducted to evaluate the needs of the older nurse and to assess how the older nurse might be best utilized to reduce the nursing shortage. It is vital to focus more resources to keep older nurses engaged in the workforce.

The variables to be addressed in this study include nurses' individual characteristics, workplace characteristics, job satisfaction, job retention, work productivity, and intent to stay in nursing within the acute care hospital setting. These variables have been studied previously in part by Letvak and Buck (2008). These

researchers documented the individual and workplace characteristics associated with decreased work productivity and intent to stay in nursing for nurses employed in direct care roles in the acute care setting. Decreased work productivity was associated with factors such as age, total years worked as a RN, quality of care provided, and a job injury or health problem. Letvak and Buck's (2008) work indicated that reducing job stress, providing adequate staffing, and assuring the health and safety of nurses would encourage RNs to stay at the bedside.

Experts have suggested that strategies to retain older nurses in the workforce might include flexible working schedules, family-friendly human resource policies, childcare and elderly care support, flexible retirement, career breaks, reduced hours, fair pay, paid time off policies, employment cultures accepting of home responsibilities, and programs that provide for praise and recognition. Nurses must feel valued, be given more autonomy for decision making, be offered professional management and leadership roles, educational opportunities, and equal opportunities. Incentives for retaining older nurses include recognition of competencies, professional autonomy, reduction of workloads, improvement of retirement plans, and increased salaries (Hill, 2010).

Very few companies have specific policies to protect older nurses from age discrimination or mediate intergenerational issues. In addition, few hospitals offer ongoing educational programs targeted to older nurses. Surveys of hospital administrators found that the majority of company administrators were aware of the aging workforce and wanted to retain older, experienced nurses but did not have any policies in place to address the needs of older workers. A large majority of health care facilities

(94%) had no policies, and 87% admitted to having no immediate plans to create such policies (Letvak, 2003).

Letvak and Buck's (2008) study took place in one Southern state in the United States of America (USA). A replication of this study in a different geographical reason could add to what is known about the relationships among job satisfaction, job retention, and associated factors in older nurse in the workplace.

Statement of the Problem

As the demand for health care provider's increases, the current and projected nursing shortage constrains the delivery of high quality, safe patient care. The imminent retirement of large numbers of nurses may further compromise health care in the United States of America. Limited research has explored factors that influence the retention of older nurses in the workplace and variables related to the job satisfaction of older nurses. An elevated understanding of variables related to nurses' job retention and job satisfaction could lead to the design of strategies that are effective in keeping older nurses in the workplace.

Purpose of the Study

The purpose of this study was to explore relationships among job retention, job satisfaction, and associated factors among older nurses who delivered direct patient care in acute care settings. In specific, associated factors explored in this study were nurses' individual characteristics, workplace characteristics, work productivity, and intent to stay in nursing.

Research Questions

The following research questions guided the study:

1. What is the relationship between job satisfaction and job retention among older nurses who deliver direct patient care in acute care settings?
2. What are the relationships among selected individual characteristics, selected workplace characteristics, work productivity, and intent to stay in nursing among older registered nurses who deliver direct patient care in acute care settings?

Theoretical Framework

Taunton's Organizational Dynamics Paradigm was the framework utilized to conduct this study (Taunton, Boyle, Woods, Hansen, & Bott, 1997). The Organizational Dynamics Paradigm indicates that retention of bedside nurses in an organization is related to four sets of predictor variables; manager characteristics or leadership style, organizational characteristics, work characteristics, and nurse characteristics (Price & Mueller, 1981). The model suggests that the relationship between the organizational system and work morale and performance is impacted by the personal system as well as work stressors. Work stressors and coping responses are a result of the dynamics between organizational and personal system factors. Work stressors combined with organizational and personal system factors can impact coping responses and employee outcomes. As a result of these influences, employees' work morale and performance affect organizational outcomes. In the health care environment, these organizational outcomes include quality of care and patient outcomes (Moos, 1994).

Definitions

Conceptual and operational definitions of key study variables are essential to understanding the focus of the study.

Individual nurse characteristics.

Conceptual Definition: The definition of individual characteristics includes physical and psychological characteristics of a single individual, or a single group of individuals, within any species. Individual nurse characteristics can have an influence on how one reacts to others and perceives oneself. Nurses may ponder how they are viewed by others and who do they think they really are.

Operational Definition: Demographic variables, specifically age, gender, race, marital status, and years worked in nursing, constitute the individual nurse characteristics in this study. A survey instrument was utilized to measure selected demographic variables quantitatively in this study.

Workplace Characteristics.

Conceptual Definition: The characteristics include overall job satisfaction, intent to stay in nursing, and work productivity.

Operational Definition: Workplace characteristics include employment status (full time, part time, per diem), facility, type of unit (by medical specialty), average number of hours worked (per day and per week), average number of patients cared for, perceived quality of care provided, and perceived inability to meet patient care needs. Workplace characteristics were measured by participants' responses to quantitative items.

Intent to Stay in Nursing.

Conceptual Definition: Intent to stay in nursing is a cognitive decision to maintain the status quo in that a nurse plans to stay in her/his current job/role for at least the next 5 years.

*Operational Definition***:** Numerical score reflected in a single item that used a Likert response scale with five options.

Job Satisfaction.

Conceptual Definition: Job satisfaction is how content an individual is with his or her job. Cognitive job satisfaction is the extent of individuals' satisfaction with particular facets of their jobs, such as pay, pension arrangements, working hours, and numerous other aspects of their jobs. Affective job satisfaction is the extent of pleasurable emotional feelings individuals have about their jobs overall. Affective job satisfaction for individuals reflects the degree of pleasure or happiness their job in general induces.

Operational Definition: Job satisfaction is measured by use of the McCloskey/Mueller Satisfaction Scale (Mueller & McCloskey, 1990). This instrument uses a scale to identify and rank rewards and incentives that nurses value that encourage them to remain in their jobs. Incentives were grouped into three categories of safety, social, and psychological.

Job Retention.

Conceptual Definition: Job retention refers to the ability of an organization to retain its employees. Many consider employee retention as relating to the efforts by

which employers attempt to retain employees in their workforce. In this perspective, retention becomes the strategy rather than the outcome.

Operational Definition: Employee retention was measured as the number of nurses who left a nursing position compared to the number who did not, and was expressed as a percentage. As an example, a retention rate of 100% usually indicates that an organization kept 100% of its employees in a given period.

Older Nurse.

Conceptual Definition: An older nurse includes those who are age 50 years and over that hold a current registered nurse license. Older nurses can be new graduates or seasoned veterans.

Work productivity.

Conceptual Definition: Work productivity is a measurement of an expression of work impairment. Work impairment is determined by absenteeism, presentism, work productivity loss, and active impairment (Letvak & Buck, 2008).

Operational Definition: A total score on the Work Productivity and Activity Impairment Questionnaire: General Health (WPAI-GH) (Loeppke et al. 2003) constitutes work productivity. The WPAI-GH numerically measures and combines the influences of absenteeism (the number of days missed from the workplace in the last 7 days), presenteeism (working when sick or not feeling well), work productivity (altered workload), and activity impairment (work missed in the last 7 days due to health problems). The scores of the tool are expressed in impairment percentages, with higher numbers reflecting decrease productivity (Letvak & Buck, 2008).

Limitations

Several limitations were noted in this study. The cross-sectional design in this study does not allow for the establishment of causal relationships. Additionally, self-report measurements may be self-limiting. The sample was drawn from one geographic region. The psychometric properties of the instruments have not been tested in diverse samples.

Assumptions

The first assumption of this study was that only older nurses completed the instrumentation. The second assumption was that participants were honest and open with their reporting.

Summary

In an era of nursing shortages and increased health care demands, it is essential to examine the factors that contribute to the job satisfaction and retention of nursing staff, especially older nurses who contribute a wealth of knowledge and clinical expertise to the hospitals where they work. A decrease in the number of senior nurses within a healthcare organization is cause for concern, especially in light of the care-giving skills and knowledge needed for the clinical management of today's complex, high acuity patients. The purpose of this study was to explore relationships among job satisfaction, job retention, and associated factors among older nurses who deliver direct patient care in acute care settings. In specific, this study explored individual characteristics, workplace characteristics, work productivity and intent to stay in nursing among older registered nurses. In an age of health care reform, it is essential that this research and other nursing research studies continue to examine and explore the number of factors and strategies that

have the potential to prevent older nurses leaving an organization or seeking early retirement.

Chapter II

Review of Literature

Introduction

Nurses are essential to the delivery of safe patient care to provide optimal outcomes for patients and families. Aging of the nurse workforce may be the largest factor impacting healthcare environments, as employers struggle to diminish the physical effect of lifting thousands of pounds and walking several miles during each shift. Job satisfaction and job retention of older nurses are essential to help address the shortage. Multiple strategies must be developed and initiated to offset the projected shortage of over 260,000 registered nurses in 2025 (Buerhaus et al., 2009). The purpose of this study was to explore relationships among job satisfaction, job retention, and associated factors among older nurses who deliver direct patient care in acute care settings.

Research Questions

The following research questions guided the study:

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2. What are the relationships among selected individual characteristics, selected workplace characteristics, work productivity, and intent to stay in nursing among older registered nurses who deliver direct patient care in acute care settings?

In specific, this study explored individual characteristics, workplace characteristics, work productivity, and intent to stay in nursing among older nurses in acute care settings. In order to design strategies that are effective in keeping older nurses in the workplace, new knowledge is needed about factors related to job satisfaction and job retention among older nurses.

This second chapter is organized in three sections that overview the theoretical framework, research on retention of older nurses in other countries, and research on retention of older nurses in the United States of America (USA). The literature review explores variables related to retention and satisfaction among inpatient hospital nurses and the relationship between retention and satisfaction among older nurses. Identification of factors that have an impact on retirement must be examined to determine potential strategies and initiatives to stabilize and maintain an experienced, older nurse in acute care settings. Reviewing research from a global perspective may provide insights that can be captured and applied in the USA.

Theoretical Framework

Recruitment and retention of hospital nurses continue to be critical issues in the health care industry. Roma Taunton and colleagues developed the Organizational Dynamics Paradigm of Nurse Retention when conducting a study on manager leadership and retention of hospital staff nurses. This framework indicated that retention of staff RNs in an organization is related to four sets of predictor variables: manager characteristics, organizational characteristics, work characteristics, and nurse characteristics (Taunton et al., 1997). The manager characteristics included leadership

style, structuring of expectations, power (position/control), influence, work activities, and personnel resources. Organizational characteristics involved control over practice, promotional opportunity, unit structure, filled to budgeted full-time equivalents (FTE), full-time FTE ratio, RN/filled FTE ratio, baccalaureate nurse (BSN)/filled ratio, graduate nurse/filled FTE ratio, and distributed justice. Autonomy, instrumental communication, work group cohesiveness, job stress, personal, situational, and established routines were work characteristics. Nurse characteristics included nursing education, tenure expectations, years in profession, years in job, marital status, job decision priorities, perceptions of opportunities elsewhere, and perceptions of work environment. Exogenous variables were organizational characteristics that represented circumstances or decision-making outside of the manager's realm of control. Intervening variables included job satisfaction, administration, enjoyment, commitment and intent to stay in nursing.

Several aspects of the theory have been tested through research. Jernigan (2004) examined the experiences of staff nurses with their nurse managers. The study explored the nature of the staff nurse-manager relationship, the challenges, and perceived benefits experienced by staff nurses, and the impact of this relationship on the decision of staff nurses to stay in their current roles. The influence of the nurse manager is of primary interest as nurse managers relate directly to the satisfaction and retention of staff nurses. Jernigan believed that the management style of a nurse manager was directly tied to retention of the staff nurses reporting to her. Her studies indicated that a participative leadership style contributed to the healthy practice environment and decreased nurse

turnover. In another study, Taunton and colleagues (1997) measured turnover and retention using the Organizational Dynamics Paradigm of Nurse Retention Model. Manager variables were incorporated into the model, which additionally measured the impact of organizational work variables and nurse characteristics. In Taunton et al.'s (1997) study the relationship between the nurse manager/staff nurse was thought to have considerable influence in the decision for the staff nurse to stay in a position.

In a third study that explored the Organizational Dynamics Paradigm of Nurse Retention Model (Taunton et al., 1997), Sourdif (2004) found that nurse satisfaction and satisfaction with administration explained 26% of the variance to stay in nursing. Retention decisions were associated with variables such as work/life balance, scheduling needs, relationships with colleagues and patients, opportunities for professional growth, and religious convictions about the nature of their work. Leadership behaviors, management style, and the quality of nursing leadership did have an impact on retention; however, these factors were not found to be the ultimate decision makers in retention. Concepts of the theory measured in Sourdif's (2004) study were leadership style, control over nursing practice, instrumental communication, opportunities elsewhere and education.

Research on Retention of Older Nurses from a Global Perspective

Research on job satisfaction and job retention of older nurses has been conducted in Europe and the Middle East. Bousmans, deJong, and Vanderlinden (2008) conducted a study among Belgian nurses in a general hospital to gain insight into older nurses' retirement intentions and to establish factors determining early retirement intentions of

older nurses. The authors noted that the working population is growing older in many developed countries, which will lead to a structural labor shortage.

All nurses in the targeted general hospital who were over the age of 45 years were asked to participate. No nurses were working in the hospital that were over the age of 60. In total, 143 nurses received the survey, and 100 (90 women and 10 men) returned the questionnaire. The response rate in the convenience sample was 69.9%. The mean age was 50.1 years (Bousmans et al., 2008).

Two validated instruments were used to measure research variables. Retirement intentions were measured using one question that asked about the intended age of retirement, where the respondent selected one of five options. The second research question was addressed by presenting the respondents with 23 factors that a nurse could take into consideration when making a decision to stop working before the age of 65. These considerations were scored on a 5-point scale. The third research question had 18 determinants of intended age of retirement that were assessed, 12 of which were measured by Likert scales. Opportunities for further education consisted of a dichotomous scale with mean score ranging from1-5. The study was approved by the research ethics committee at the hospital. Participation was voluntary, and anonymity was guaranteed (Boumans et.al, 2008).

Data analysis was completed by utilization of descriptive analysis for the data that addressed the first and second research questions. To answer the third question, data for intended age of retirement was dichotomized by using a number 1 for remaining employed until or after the age of 65, or number 2 for discontinuing work prior to the age

of 65. Analysis was then conducted by using two steps. All bivariate relationships between gender, home situation, social environment, and financial considerations were tested by chi-square and *t*-tests for nominal and interval/ratio variables, respectively. The second step in the analysis included entering only those variables (gender and home situation) with statistically significant ($p < 0.10$) bivariate relationships into a forward stepwise logistic regression. A statistical significance of $p < 0.05$ was used (Boumans et al., 2008).

The majority of the sample (79.7%) indicated that they intended to retire early. This finding corresponded with a trend in Belgium and other developed countries towards retirement before the age of 65. Most respondents conveyed that the work environment was an important consideration when making this decision. Nurses also indicated that health problems were factors in their desire to retire early. Other considerations identified were the chance to settle down, desire for more spare time, and a positive attitude from family towards retirement. Working under pressure, having a sick life partner, and experiencing changes in the workplace were offered as reasons for early retirement. Regarding the third research question, the results of bivariate analysis indicated that intention to retire had statistically significant associations with home situations, gender, health, personality, opportunities for challenge and development, changes in the work situation, workload, task significance, and opportunities for further education. In this study, women were more likely to retire early than men. In Belgium, almost half of the women in the age category of 50-54 years have stopped working. In

women aged 55-59 years, this figure is 69.3%; among those aged 60-65 years, it increased to 94.9% (Boumans et al., 2008).

In conclusion, the authors recommended the design of human resource management strategies, such as the implementation of flexible working hours and greater availability of part time work for older nurses, in order to decrease their intentions of early retirement. The authors further recommended that nurse leaders assure that older workers can develop their potential and knowledge. Negative stereotyping of older workers needs to be discouraged and the value of this age group's knowledge and skill sets promoted (Boumans et al., 2008).

In a similar approach, Mrayyan (2008) conducted a study to determine the perceptions of Jordanian nurses about hospitals' organizational climates, nurses' intent to stay in nursing, and the relationship between the two concepts. This study was prompted by an ongoing nursing shortage in Jordan, making retention of nurses a research priority. Nursing turnover was escalating in Jordan in the early 2000s, and hospital nursing attrition rates ranged from 15% - 21% per year. The cost range of orienting a new nurse was from $42,000 to $64,000, with this cost increasing over time. Research was needed to understand the perceptions of Jordanian nurses related to job retention.

A cross-sectional comparative descriptive design was utilized in this study. The research was conducted in 7 Jordanian hospitals, four of which were governmental and 3 were private. In a convenience sampling technique, 264 out of 300 questionnaires were returned, for a 88% response rate (Mrayyan, 2008). Hospitals' organizational climates were measured by Farley's Nursing Practice Environment Scale (NPES) (Farley &

Nyberg, 1990). The NPES was a 60-item, 5-point Likert scale that consisted of 5 sub-scales: organization (10 items), quality of care (11 items), administrative support (11 items), professionalism (16 items), and nursing leadership (12 items). The response scale was rated as definitely agree (5), somewhat agree (4), unsure (3), somewhat disagree (2), and definitely disagree (1). Test-retest coefficient for reliability with a 6-week interval was r = 0.63, and Cronbach's alpha for the total scale was 0.85 (Huber et al., 2000). The Cronbach's alpha in the current study was 0.84.

McCain's Behavioral Commitment Scale (McCloskey, 1990) was used to measure nurses' intent to stay in nursing. Intent to stay at the job was operationalized as the sum of 5 items of the McCain's Behavioral Commitment Scale. The response scale was rated as definitely agree (5), somewhat agree (4), unsure (3), somewhat disagree (2), and definitely disagree (1). The Cronbach's alpha in this study was 0.65, which was an acceptable figure taking into consideration that this was the first time that this instrument was tested among Jordanian nurses (Mrayyan, 2008).

The demographic variables studied in this case were marital status, gender, time commitment, years of experience in nursing and in the current area worked, type of unit or ward, shift worked, level of education, age, unit's average daily census, model of care, unit's organization structure, unit's decision making style, financial situation of the hospital, and dominant changes that influence the hospital. Data were analyzed utilizing SPSS with the alpha level of 0.05. Chi-square was used to test the differences between hospital demographics and nurses. The Pearson product-moment correlation was used to

estimate the association between hospitals' organizational climates and nurses' intent to stay in nursing (Mrayyan, 2008).

Results indicated that the most influential variables that influenced hospitals' organizational climates were quality of care and professionalism. It was reported that, in general, Jordanian nurses intended to stay in their jobs even if the jobs did not meet their expectations. The researchers examined differences in study variables between nurses in intensive care units and wards. There were differences noted in perceptions about some aspects of administrative support ($p = 0.001$), leadership ($p = 0.053$), and professionalism ($p = 0.057$). Hospitals' organizational climates and nurses' intent to stay in nursing were significantly correlated for the whole sample and intensive care units ($p = 0.049$), but not for wards (Mrayyan, 2008).

In conclusion, the researcher recommended that leadership actions be instituted by nursing and hospital administrators to improve and enhance hospitals' organizational climates and nurses' intent to stay. Interventions that should be instituted include, but are not limited to, increasing salaries, creating quality assurance initiatives, maintaining supportive relationships between nurses and physicians, sharing nurses in policy making and administrative decisions, maintaining open communication and mutual trust between nurse leaders and staff, and allowing autonomy regarding patient care and work environments (Mrayyan, 2008).

In a third study of older nurses in the workplace, Andrews, Manthorpe, and Watson (2005) conducted a qualitative study in the United Kingdom (UK) over a 12-month period (2001-2002). The study featured interviews with nurses over 50 years of

age and key stakeholders in nursing. The aim of the study was to answer questions about perceptions of older nurses, factors that employers think are important to older nurses, and what the employment options for older nurses are.

A cross-sectional interview study was done with 84 nurses and 18 key stakeholders using telephone or face-to-face semi-structured interview questions. Stakeholders included employers, policy-makers, and advisors. Inclusion criteria included nurses over the age of 50 years who had worked within the National Health Services. Interviewees were from England, Wales, Scotland, and Northern Ireland. Questions were open-ended to give respondents an opportunity to answer in their own words (Andrews et al., 2005).

The interviews were transcribed and analyzed thematically. One nurse, a social scientist, and an academic specializing in gerontology performed the analysis to avoid professional bias. Both nurses and stakeholders identified a range of influences on decision-making related to older nurses' employment. Positive and negative factors influenced the nurses. Stakeholders and nurses referred to the rapid pace of technological changes that could influence the capacities of nurses to cope with their jobs and employment decisions. Some older nurses preferred working casual or part-time and perceived that flexible working hours would be indicative of a supportive working environment. Promotion of continuing professional development and supporting older nurses who have care responsibilities were also factors that nurses valued (Andrews et al., 2005). Results of the study also indicated that another major influence on employment decisions was income. Income appeared to be a positive factor in keeping

older nurses in the workforce. Pensions were identified as a crucial role in nurses' employment decision making. Many of the nurses were not satisfied with the National Health Services superannuation scheme, which provided a pension based on years of service and final salary (Andrews et al., 2005).

Three major points from the research were identified: (a) human resource practices and strategies were not aimed specifically at nurses, (b) employers and nurses identified the pace of technology to cause long-term stress and contribute towards nursing attrition, and (c) flexibility in work hours and pension plans were recognized as important to nurses. The main factors identified in the literature as influencing older nurses to stay in the workforce were related to work-related stress, lack of flexible hours, and pension (Mooney, Statham, & Simon, 2002). These findings, echoed by the nurses interviewed, suggested that a greater range of work options, especially flexible working schedules, were attractive to older nurses. Other options, such as part-time work, job-sharing, or fixed shifts, also were viable options to keep nurses in the workplace (Andrews et al., 2005).

In conclusion, a wide range of factors influenced decision making about work for older nurses in the UK. The main reasons identified were financial considerations, work stress, and flexible work hours. This study indicated that human resources practices were not refined enough to manage the aging workforce. The authors recommended improved pay on a scale comparable to other professions, professional development programs, and research on job redesign to evaluate and alleviate the issues of heavy physical workloads and stress for older nurses. Human resource policies should focus on how to retain

nursing expertise for the maintenance of high standards of professional care (Andrews et al., 2005).

Another study was conducted in 10 European countries to explore nurses' perceived work ability and associations with age and intent to leave nursing. A substantial shortage of registered nurses was anticipated in these countries unless steps were taken to reverse the trend away from nursing as a profession. A decrease in the numbers of young people of working age has already occurred, while the numbers of older people no longer paid has increased. The purpose of this study was to investigate relationships between age and perceived work ability and to explore the joint impact of work ability and age on intention to leave (Camerino et al., 2006).

A cross-sectional study design was employed by Camerino et al. (2006). The research questions were:

1. Is there an association between perceived ability to work and age in nursing populations?
2. If demonstrated, does this association hold true in the 10 countries examined?
3. Is work ability associated with intention to leave?
4. If so, which aspects of work ability are more associated with intention to leave nursing?

Questionnaires were sent to 77,202 nursing staff from 585 healthcare institutions. Questionnaires were mailed to nurses' homes and returned in postage paid envelopes or distributed by a field manager from the employing organization and returned to the research team in sealed envelopes. Only registered nurses who had undergone at least

three years preregistration preparation in accordance with European Union/World Health Organization or comparable directives were eligible for inclusion. Between October 2002 and June 2003, surveys were returned by 25,976 nurses in 10 member states of the European Union, including Belgium, France, England, Italy, Norway, the Netherlands, Poland, and Slovakia. The response rate was 52.9% and varied between countries (Camerino et al., 2006).

Perceived work ability was assessed by use of the short version of the Work Ability Index (Nubling, Hasselhorn, Seitsamo, & Ilmarinen, 2004). Intention to leave was measured by asking nurses how often they thought of leaving their nursing career. These categories were divided into two categories: high intention to leave and low intention to leave. The majority of analyses were conducted separately for each country and controlled for socio-demographic variables (Camerino et al., 2006).

All the differences in socio-demographic characteristics by country reached statistical significance ($p < 0.001$). Female nurses accounted for the majority of participants, with more men included in the Italian sample. In the overall sample and for individual countries, a statistically significant inverse relationship was observed between age and perceived work ability ($F = 2.87\text{-}27.36$, $p < .001\text{-}0.006$). In all 10 European countries, older nurses, defined as over 45 years of age, had significantly lower scores ($p < 0.01$) on the Work Ability Index (Tuomi, Eskelinen, Toikkanen, Jarvinen, Ilmarinen, & Klockars, 1991) than the younger nurses (20-29 years of age). Differences between younger and older nurses were more pronounced in some countries for work ability. In all countries, there was a reported significant association between low Work Ability

Index and intention to leave nursing, especially with younger nurses. The association of work ability and intention to leave the workforce was most marked for items on the Work Ability Index that explored subjective rather than objective aspects of work ability (Camerino et al., 2006).

The researchers recommended institutional policies and procedures to sustain work ability through improved working conditions, improving the quality of the workplace environment, and exploring suitable alternative nursing work for those who can no longer compensate to maintain their current position. Initiatives should be put in place to develop creative ways of encouraging nurses to remain in nursing, such as flexible schedules, family-friendly policies and opportunities for continuing professional education (Camerino et al., 2006). An interesting twist in why nurses leave the profession was described in a study by Gok and Kocaman (2011), conducted in Turkey. The purpose of this study was to determine the reasons that nurses in Turkey cited for leaving the profession and to identify which professions or occupations nurses moved into after permanently leaving nursing. The nurse/general population ratio was lower in Turkey than any other European country. This descriptive study was completed with 134 nurses who had left the profession. A snowballing sampling method was utilized to identify subjects, and multiple methods were used to derive at reasons for leaving. A nurse who voluntarily left the profession after working a certain period of time after graduation was defined as "leaving the profession." Respondents included in the study had to have: (a) obtained a nursing education in Turkey, and (b) left nursing to assume a non-nursing position or to totally leave the workforce. Participants were recruited from

the researcher's circle of friends and acquaintances, in addition to responses from announcements placed on a nursing website. The names and addresses of 183 nurses were obtained who met the inclusion criteria of the study; 44 could not be reached by phone or address; and five declined to give consent for the study. All 134 participants were female, 93 were married, 77 had children, and the mean age was 32 years. The number of years worked as a nurse ranged from 1 to 14 years, with a mean working time of 4.89 years. Within the first five years of their career, over half (52.9%) of the respondents left the profession (Gok & Kocaman, 2011).

Data were collected via an 11-item questionnaire. The questions asked were to obtain information on work history, demographics, type of education obtained in non-nursing fields, and the type of work the respondents obtained after leaving nursing. One of the research questions was, "What is the most important reason for your decision to leave nursing?" Data were collected by telephone discussions, face to face interviews, and e-mail correspondence over the course of a year from March 29, 2007 and to March 29, 2008. Responses were recorded by hand and conducted by the primary researcher. The length of the interviews was approximately 20 minutes. Verbal consent was provided by respondents, and the study was approved by the Institutional Review Committee at the university's School of Nursing. Descriptive statistics were utilized in the analysis of the quantitative data by using the SPSS package program. A team of three staff, including two researchers, analyzed qualitative data related to responses to the open-ended questions. Reasons for leaving the profession of nursing were grouped into seven categories (Gok & Kocaman, 2011).

The education for nurses ranged from a vocational high school program (diploma program) to an associate program, to a baccalaureate degree program. The nursing diploma programs and associate programs were deleted in 2012 and 1995, respectively. Licensure was not a required process to work in Turkey. One-third of the nurses who returned to school to study different fields of interest choose to leave the nursing profession. Almost a third of the sample (n = 40, 29.9%) reported that they did not select this profession but rather were placed in these programs secondary to parental pressure and a way to quickly make money (Gok & Kocaman, 2011).

Nurses answered the open-ended question of why they chose to leave the nursing profession. The answers were then divided into seven categories. Many nurses gave multiple reasons for leaving the nursing workforce. The majority of the nurses gave unsatisfactory working conditions as their number one reason for leaving the profession (n = 90, 67.2%). Negative perceptions of the role and status of the nursing profession were given as the second highest reason for leaving (n = 58, 43.3%). Participants identified overtime, overload, and a stressful and unsafe work environment as reasons they chose to leave nursing. Respondents also identified having problems with the negative professional image of nursing and the lack of autonomy. Over one-third (37.3%) of participants identified administrative issues, i.e. negative attitudes, unfair and discriminatory job assignments, and promotion decisions as being primary to their decision to leave nursing. Almost one-third (30.6%) of respondents listed personal reasons, such as marriage, child care, pregnancy, and husbands objecting to their work as reasons for leaving. Over one-fourth (26.9%) of participants left the nursing profession

because of the desire to work in a field with better opportunities and working environment. Only a small percentage (9.7%) listed salary as a reason for terminating their employment (Gok & Kocaman, 2011).

All but 12 of the nurses who left the profession in this study selected a new career. Almost half (48.4%) stayed in the healthcare field, and 51.6% chose careers outside of healthcare. The most preferred occupation was teaching, with other jobs listed as law and engineering. Results indicated that 69.4% of the participants had received education in a non-nursing field (Gok & Kocaman, 2011).

The authors provided some reflections on health care in Turkey, noting that, in the last 10 years, there have been considerable changes to the Turkish health care system. The nursing shortage issues have increased as the work conditions have become worse for nurses. Nurse administrators were restricted by hierarchal policies, and they lacked the ability to make changes that resulted in a suitable working environment for nurses. The changes have resulted in more privatization and an increase in the number of nurses working under contract. The findings of this study included factors related to leaving nursing, such as the role of external values, the status of the profession, and restrictions in using initiative (Gok & Kocaman, 2011).

A significant finding in this study was the number of nurses who had entered the profession unwillingly. The sample of nurses surveyed consisted of a high percentage of nurses who were from lower and middle class social groups and were graduates of vocational high schools. Turkish families usually decided upon the high school that their child attended and frequently selected the careers for their female children. This study

found that many ex-nurses went into the teaching profession secondary to better working conditions, including generous holiday and summer vacation holidays. Teaching was a career that allowed Turkish women to maintain their traditional roles while attending to their families and a profession (Gok & Kocaman, 2011).

In summary, this study confirmed the significance of unfavorable working conditions and the negative image of nursing as a profession, and noted how those factors contributed to a nurse's decision to leave the profession. In order to retain nurses and encourage others to go into this field, it is imperative that working conditions be improved and that the professional image of nursing be enhanced. The authors recommended that nursing leaders in Turkey develop retention strategies addressing the needs of disgruntled nurses and develop initiatives to continue education and career advancement. Flexible working schedules for nurses with either small children or older nurses, who served in the care taker role at home, needed to be established and offered. Nursing is inevitably affected by the public image of the status of women in Turkish society. Complex multi-dimensional and cultural factors needed to be fully understood to be able to make progressive, imperative changes to the healthcare environment in this country (Gok & Kocaman, 2011).

Another country to be involved in studies regarding retention of older nurses is the Canadian Province of Newfoundland and Labrador. Blakely and Ribeiro (2008) explored the reasons why nurses decided to retire early and the potential incentives for keeping experienced, older nurses in the workforce. A questionnaire, specifically

designed for this study, was mailed by postal services to 200 randomly selected nurses, age 45 years and older.

This exploratory study was two-phased and addressed the questions of why nurses retired early and what incentives might encourage nurses to stay longer in the workforce. Phase two questions explored whether influencing factors differed between staff nurses (SNs) and nurse managers/educators/researchers (MERs) and were the incentives suggested by staff nurses different than those suggested by MERs (Blakely & Ribeiro, 2008).

The instrument consisted of three sections. In Section A, respondents addressed the question, "To what extent do the following reasons influence your plan to retire early, before the age of 65?" Thirty possible reasons were given for the participant to select. Responses were ranked by a 5-point Likert scale with a range of "no influence" to "extremely strong influence." In Section B, subjects were asked, "To what extent would the following incentives encourage you to postpone your early retirement?" A list of 29 potential incentives was listed. Again, a five-point Likert scale was utilized for ranking all items from "disagree" to "very strongly agree". At the end of sections A and B, the respondents were asked to respond to an open-ended question and add any additional ideas. The Likert scaled sections of the tool were found to be reliable with Cronbach alpha ratings of 0.938 for Section A and 0.971 for Section B. A panel of nurse clinicians and educators reviewed the questionnaire to estimate content validity. Demographic and work-related data were captured and analyzed descriptively and for differences between MERs and SNs (Blakely & Ribeiro, 2008).

Nurses (n = 134) responded to the survey, resulting in a return rate of 62%. Criteria for the random sample were middle-aged nurses who worked in the Canadian province of Newfoundland and Labrador. The age range was from 45 to 64 years, with 42% of ages 45 to 49 responding and 42% of 50 to 54 ages completing the questionnaire. Of the group, 98% were female, 95% had annual incomes before deductions of $50,000 or more, and 87% were living with a spouse. Most of the respondents worked in acute care settings (45%); smaller numbers of respondents were employed in community health (18%) and education/research (11%); 30% of the nurses were in management, while 53% held staff nurse positions. Weekend work was included for 44% of respondents; 48% worked primarily day shift; 22% worked twelve-hour shifts; and 20% worked eight-hour shifts. In their responses, 11% planned to retire before age 54, 60% between ages 55 to59, and 29% after the age of 60 (Blakely & Ribeiro, 2008).

The results of this study indicated three categories of reasons related to considering retirement from nursing workplaces: work-related factors, personal, and personal/financial factors. The top two incentives for MERs were to have lighter workloads and be recognized for good work. Staff nurses' incentives were having summer holidays off and recognition of tenure. Significant differences existed between nurse managers/educators/researchers and staff nurses in their two reasons for leaving ($p = 0.05$). These two groups also differed significantly in the five incentives to stay ($p = 0.05$). Staff nurses were more inclined to be influenced by negative factors of the job, and MERs were more influenced by financial and pension reasons (Blakely & Ribeiro, 2008).

In summary, the researchers noted a need to continue research in this area of concern. They urged that new strategies be developed by nurse leaders and human resource departments to provide incentives for remaining in the nursing environment to keep nursing expertise at the bedside. A strategy to encourage older nurses to postpone early retirement is to offer incentives, such as the ability to share their knowledge, opportunities, and mentor recent graduates into the profession (Blakely & Ribeiro, 2008).

A study to investigate employment practices in England was conducted by Lesse, Storey, and Cheater (2009). Little was known about the retention of older nurses in the workforce in the community and primary nursing. Primary nursing in the United Kingdom (UK) was viewed both as a philosophy of care and an organizational design (Hegyvary, 1982). It was a forum for increasing the respect and autonomy of the nurse, who in a primary nursing role was responsible for a caseload and was supported by a small team of associate nurses (Binnie, 1989). The essential elements of primary nursing were recognized in the nursing literature as accountability, authority, autonomy, advocacy, assertiveness, continuity, collaboration, communication, commitment, and coordination. The purpose of this study was to explore the impact of age on the retention of women in the primary and community nursing workforce in England. Older females had been identified as a vital determinant of future labor in the UK.

Telephone interviews were completed with staff (n = 15) that had the responsibility for the nursing workforce in five primary trusts and associated Workforce Development Confederation and Strategic Authorities. For inclusion in this study, specific individuals were identified by contacting each organization by phone to ask for the most appropriate

person to complete the interview. Lesse et al.'s (2009) study focused specifically on school nurses, practice nurses, district/community nurses, and health visitors in England. Interviews took an average of 25 minutes and were audiotaped and then analyzed by utilizing the framework approach of Ritchie and Spencer (1994). Framework analysis is a qualitative method that is well suited for applied policy research. It is similar to grounded theory; however, framework analysis differs in that it is better adapted to research that has specific questions, a limited time frame, a pre-designed sample (e.g. professional participants) and priority issues (e.g. organizational and integration issues) that need to be addressed. Although framework analysis may generate theories, the prime focus is to describe and interpret what is happening in a particular setting. Five key stages for qualitative data analysis included:

1. Identification of all key issues, concepts, and themes
2. Charting by taking data from their original context and rearranging to the generated framework
3. Familiarization or raw data immersion
4. Indexing by applying the thematic framework to the data
5. Interpretation and mapping by pulling the key characteristics of the data and interpreting the data as a whole set

The framework approach was selected by Lesse and colleagues (2009) because it focused on the relationship between attitudes, participants, experiences, and perceptions, a focus that matched the study objectives. Topics encompassed in telephone interviews included role definition, local issues in terms of recruitment and retention, impact of

aging nursing workforce, strategies for recruitment and retention, policies for older nurses, health issues, local data, pension plans, and an open-ended question to summarize what might not have been covered. The Leeds (East) Research Ethics Committee provided ethical approval for this project, while research governance approval was obtained from the Primary Care Trusts and trusts where the study took place. Identifying material was removed from the tapes and transcripts, and they were destroyed after analysis.

The results of the study by Lesse and colleagues (2009) reflected six themes, some with subthemes:

1. Central policy initiatives
    a. Improving Working Lives (Department of Health, 2001)
    b. Agenda for Change (Department of Health, 2004a)
    c. Knowledge and Skills Framework (Department of Health, 2004b)
    d. Choosing Health (Department of Health, 2004c)
2. Collaboration between different organizations: this theme related to the extent in which organizations had collaborated with others to do workforce planning.
3. Projected age profile of nurses over the next 5-10 years: nurse managers needed to be aware of the encroaching age of their nurses. Monthly data were reported to managers on nurse's ages for projections of retirement. Opportunities were initiated to promote flexible working schedules and education on staying in nursing for a longer period of time.

4. Local impact of an ageing workforce: an awareness was present of the potential problems of an ageing workforce. An initiative to maintain the experience and expertise of older nurses by retention or education of younger nurses was developed. Flexible scheduling and working was perceived to be beneficial for older and younger nurses. Marketing of nursing to schools and colleges was discussed and recommended.
5. Strategies for change: nursing is less attractive to younger people. A mixture of ages in the nursing workforce was preferred by nursing managers. Recruitment and retention was an issue for some managers and not others, so the level of commitment to this initiative was limited. Retirement talks with older nurses were seen as important to succession planning. The main strategies were recruitment age, return to practice policies, budget issues, career strategies, career breaks, physical demands, and culture.
6. Pension reform: reduced benefits were of concern. Changes were confusing and needed clarification and promotion. Older staff could work fewer hours for longer. Associates could take their pension and return to work part time.

Lesse et al.'s (2009) study indicated there was a perceived issue about older nurses leaving the workforce and taking with them their skill sets, experience, and knowledge. This was a perceived loss for the community and health care system. Pensions were a concern and initiatives, such as flexible working schedules, career breaks and support for nurses returning to the workforce were discussed.

The conclusion of this study indicated that there was a concerted effort already in progress to implement employment strategies to improve the experiences and working lives for all nurses, not just the older generation. It was felt that leadership quality played an important part in the development of strategies to address this issue. There was some ambivalence in what might be appropriate strategies to adopt. In general, there was more emphasis invested in recruiting younger nurses than the development of new ideas or strategies for encouraging older nurses to stay in the workforce. The findings from this qualitative research study were not generalizable. There is a level of confidence that the research findings were relevant and representative of the experiences and views of the nurses surveyed. Additional research efforts are required to develop and implement strategies to retain older nurses (Lesse et al., 2009).

In another qualitative study by McDonald, Mohan, Jackson, Vickers, and Wilkes (2010), the authors reported the challenges and benefits of a mentoring program where retired and senior nurses supported and nurtured nurses and midwives working in the healthcare environment. This intervention was intended to develop, strengthen, and maintain personal resilience among midwives and nurses. Keeping in mind the global issues of an ageing workforce, many healthcare organizations need to implement strategies to help retain experienced, tenured nurses. This study reports on the experiences of senior and retired nurses and midwives as they mentored partners that were nurses with less experience who were working in a clinical setting.

Mentoring dyads (n = 15) were established as part of a collective case study. Participants and mentors were actively involved in qualitative, semi-structured interviews

about their perceptions and experiences of the mentoring program. Interviews were conducted in 2009 and audio-taped, transcribed, and analyzed thematically. Ten of the mentors were women and two were men; six were currently working, four were retired, and two were semi-retired. The mentors' ages were between 40 and 70 years. The average time of retirement from nursing was six months to five years. Professional qualifications were varied and extensive. The working mentors were in either academia or worked in senior nursing roles in the healthcare environment. They must not have worked in the specific hospital surveyed for at least a year (McDonald, Mohan, Jackson, Vickers, & Wilkes, 2010).

Recruitment was accomplished by local newspaper articles or the retired nurses association at the hospital. Some candidates were selected purposively and sent a letter inviting them to participate. Information packets were distributed with consent forms, demographic forms, and an information sheet. Interviews were conducted by telephone and email. All invitees were invited to attend an information day where they met the research team and were provided information regarding their role. Part of the data collection included monthly informal group meetings that were held where feedback could be given. Mentors were not paid for their participation. The setting for the study was a tertiary care hospital in an outer suburb of a large Australian city. The selected hospital was located in a middle and working class suburban area and was culturally diverse. Ethics approval was obtained from the area health service human research ethics committees and the university. After six months of the mentoring process, the mentors and mentees were interviewed about their experiences (McDonald et al., 2010).

The process of analyzing the data began with a systematic reading and re-reading of the transcripts by all the researchers. As themes of meaning emerged, they were noted in the margins, and these notes formed codes that were used to identify and classify similar perceptions and ideas. Transcripts were compared to one another to validate themes and then field notes were used to provide a complimentary information source. Themes were discussed and agreed upon by all the research team to increase trustworthiness and reliability (McDonald et al., 2010).

Findings of the study revealed that there were challenges and benefits for the mentors in this study. Their participation resulted in significant professional and personal outcomes for their mentees and themselves.

The major themes identified in this study were:

1. Facilitating work and life decisions

`2. Benefits from visibly helping other nurses and midwives

3. Adapting to the role and mentee

The subthemes were:

1. Professional networks for professional and personal goals

2. Understanding today's workplace

3. Being useful and being a cultural broker

4. Unknown territory and adapting to the pace of a developing relationship

In concluding the article, McDonald et al. (2010) noted that healthcare is continually going through constant change, and this requires a wide range of professional capabilities and characteristics. Mentoring dyads that include retirees as mentors provide

mentees with opportunities to practice and develop their capabilities for collaboration with other members of the healthcare team. Continuing development of professional practice can be augmented by utilization of more experienced nurses who have gained life experiences and clinical expertise. Younger or less-experienced nurses can gain from interacting with those with long-term experience. There is increasing evidence that nurses need a variety of personal characteristics, such as flexibility, hardiness, optimism, and emotional intelligence to thrive and survive the workplace (Jackson, Firtko, & Edenborough, 2007). The positive influence of an experienced mentor may help to develop protective factors against workplace adversity and effectively maintaining a work/life balance. This study was perceived as a win-win situation in that the mentors could continue to make a satisfying contribution to their community, and the mentees learned valuable clinical and workplace skill sets. This type of mentoring initiative has the ability to provide strength and depth to the nursing community now and in the future.

Retention of Older Nurses in the Workplace in the United States of America

A study by Letvak and Buck (2008) explored the relationships between individual characteristics, demographic variables, workplace characteristics, job stress and health, and the intent to stay in nursing. The specifics of the characteristics and variables included years worked in nursing, body mass index, unit type, hours worked, shifts worked, perception regarding overall health or health problems, job-related injuries and the intent to stay in nursing. This study included RNs employed in direct care hospital settings and also examined issues of work productivity. Letvak and Buck (2008) noted that research was lacking on the limitations, needs, or capabilities of older nurses, and the

researchers predicted that there would be a 36% predicted short fall of nurses by 2020. In 2008, the average age of a nurse was 46.8 years, as noted by the Health Resources and Services Administration (HRSA) (2004). Limited research has been conducted on nurse attrition and the effects of workplace stress.

This cross-sectional study took place between October 2005 and May 2006. Data were collected by questionnaire from direct bedside nurses in three hospitals in a southern state. An introductory letter was included in packets mailed to the RNs asking them to participate. Two of the participating hospitals were community-based hospitals with about 200 beds that employed about 400 nurses. The other hospital was a 1,000 bed tertiary care facility, which employed about 1,700 RNs. 187 questionnaires were completed and returned from the largest hospital; 136 were received from one of the community-based hospitals; and 100 from the third hospital. The total number of participants was 423 RNs. Each unit had a sealed box for return of questionnaires, and a member of the research team collected from the boxes on a weekly basis. Reminders were sent by e-mail at 2 weeks and 4 weeks to prompt the participants to complete and return the questionnaire (Letvak & Buck, 2008).

The investigator refined the survey instrument from a previous study and a literature review (Letvak, 2002). Individual characteristics included in the questionnaire were age, marital status, sex, ethnicity, the total number of years worked as a RN, and nurses' height and weight converted to a body mass index score. Characteristics of the workplace were indicated as full time, part time, or prn; type of unit; facility; average number of hours worked; average assignments; perceived quality of care; and inability to

meet the care needs of the patient. A five-point Likert scale was used to record perceived quality of care, and inability to meet patient care needs was calculated as a percentage of time. Overall job satisfaction was measured on a four-point Likert scale. A tool utilized to measure job stress was the Health Professions Stress Inventory (HPSI) (Wolfgang, 1988). The HPSI tool consisted of 30 items with a 5-point Likert-scale response option pertaining to stressful job situations. A total possible job stress score ranged from 0 (no stress) to 120 (highest stress). Cronbach's alpha coefficients of 0.85 and 0.90 were reported in studies utilizing the HPSI to measure job stress in RNs (Erlen & Sereika, 1997; Fletcher, 2001). A yes/no question were asked of RNs regarding any work-related injuries in the past 2 years. Measurement of RNs perception of their overall health was completed by a 5-item global rating scale. The Work Productivity and Activity Impairment Questionnaire: General Health (Loeppke et al., 2003) recorded responses on work productivity and absenteeism, presenteeism, and activity impairment. Finally, intent to stay in nursing was measured by utilization of a 5-point Likert scale asking how likely was it that the nurse would stay employed for the next five years in a hospital setting (Letvak & Buck, 2008).

The research team's university and the three participating hospitals gave human subject approval. Participants were assured that confidentiality would be maintained. Data analysis was completed by using SPSS 13.0 statistical analysis package. NQuery Advisor was used to give an estimate of regression parameters using a 95% confidence interval for each variable. This calculation was done to estimate the effect on the

dependent variables, which were intent to stay in nursing and work productivity (Letvak & Buck, 2008).

Respondents were 91.6% female, 81.4% Caucasian, and 68.8% that were married. The mean age was 40 years, and they worked a mean of 12 years in nursing with a BMI average of 26.1. A large majority (87%) of the nurses worked full time, averaging 12.4 hours per day worked on a 12-hour shift. The mean number of patients that the nurses provided care for was 4.5. The nurses reported that they were not able to meet the needs of their patients 12.7% of the time. They answered that excellent care was provided for 22% of the time, 51% for very good care, 21.7% for good care, and 4.3% of the time for fair care. No respondents answered that poor care was given. 29% of the surveyed nurses were highly satisfied with their jobs, 64% generally satisfied, and only 7% dissatisfied (Letvak & Buck, 2008).

On a scale of 1 to 8 with 1 being the poorest health, RNs reported an average health score of 5.72. About a fourth (22%) of respondents reported having a health problem, and 24.8% reported a job-related injury in the past 2 years. The most frequently reported health issues were headache (23.8%), back pain (21.4%), joint pain (16.7%), anxiety (15.8%), stomach problems (14.9%), hypertension (13.9%), depression (12.4%) and insomnia (12.1%). The job stress score was a mean of 47.9. The mean work activity impairment measured by the WPAI-GH was 12.71. The analysis of participants that planned to stay in hospital nursing reflected that 60% planned to stay, 25% were unsure, and 15% planned on leaving within the next 5 years. The most common reason for leaving was related to job stress (28.4%) and retirement (16.3%) (Letvak & Buck, 2008).

Of the RNs in this study, most worked either 12-hour day or night shifts. As shown in this study, direct care givers stayed longer than 12 hours; Letvak and Buck (2008) study and another study by Trinkoff, Geiger-Brown, Brady, Lipscomb, and Muntaner (2006) agreed. It was also reported that Michie and Williams (2003) completed a synthesis of the literature and concluded that long hours contributed to illness and work absence, as well as an increase of errors. At the time this article was written, this was the first study to measure work load productivity in direct care RNs as an expression of work impairment. There is evidence reported by Ilmarinen (2003) that aging may cause a transition with a progressive decline in aerobic power, acuity of senses, and reaction speeds. However, high productivity levels were demonstrated in workers where personal experience and verbal skills were needed. Older RNs reported they were becoming increasingly unable to handle the hospital workloads (Letvak & Buck). Nursing leaders must become more creative in developing job roles for older nurses to help keep their expertise near the bedside. Advances have been made to decrease injuries by the implementation of lift policies and specialized equipment. A continual assessment must occur in the work environment to identify needed support for those nurses who have work injuries and to be proactive to avoid these risks. Improved work environments may delay older nurse's retirement from the workforce. Urgent efforts must be made to address nursing retention to assure quality patient care in hospital settings.

Another study by Letvak (2009) overviewed the predicted nursing shortage and the place of the older nurse in current trends. For example, Letvak noted that a shortage

of 285,000 nurses is anticipated by 2015 and could potentially go as high as 500,000 nurses by 2025 (Buerhaus et al., 2009). By 2012, RNs in their 50s will be the largest working group in bedside nursing. High patient volumes and acuity, rapid changes in healthcare, added nursing responsibilities, technology, rapid admission and discharge cycles, and a nursing shortage can create additional pressures for staff nurses whom deliver direct care to patients. Letvak (2009) stated that a wide body of international research has reflected that job stress negatively impacts the health of nurses. Shift work has had an additional negative impact on health care workers. They experienced extreme fatigue, reduced performance, decreased mental agility, irritability, and an increased risk of other health disorders.

Letvak (2009) noted the average age of the practicing nurse at 46.8 years and cited the relationship of depression and musculoskeletal problems to older nurses' ability to care for patients. Letvak proposed to explore the lived experiences of older nurses who chose to continue practicing. The purpose of this phenomenological study was to evaluate the reflections of the older nurses who continue to work with significant health-related issues, specifically depression and musculoskeletal pain.

Mayeroff's (1971) framework of caring was used to guide Letvak's (2009) study. According to this framework, caring gives meaning, order, and stability to life. Courage, patience, knowledge, honesty, trust, hope, humility, and alternating rhythms are the eight processes required to care for another. Empathy is required for helping and for assisting in one another's growth. This caring framework was utilized to guide the participant interviews and assist with data analysis.

Purposive sampling was used to recruit 14 registered nurses over the age of 50 years, working in direct patient care, and having a self-identified history of musculoskeletal pain or depression. Thirteen females and one male RN ranging in age from 50 to 65 years of age were included in the study group. Thirteen participants were Caucasian, and one participant was African American. Twelve RNs worked full time; two worked part time. Four respondents worked night shift, two worked evening shift, and eight worked day shift. All participants worked in a variety of patient care settings. In Letvak's (2009) study, the average years of experience were 27.9, and the average number of years working with a health issue was 8.3. None of the participants experienced depression alone. Nine of the nurses reported both depression and musculoskeletal pain, while five experienced only musculoskeletal pain.

Each participant was interviewed face-to-face and then had a follow up phone interview. The participant was allowed to choose the location of the first interview. All interviews were audio recorded and transcribed. In addition, the interviewer took field notes, with the interviews lasting about one hour. Most of the follow up phone interviews took from 20 minutes to about 45 minutes in length. Two broad questions were asked of the participants:

1. What have you experienced while working and experiencing depression and/or musculoskeletal pain?

2. What contexts or situations typically influence or affect your experiences with the phenomenon of being an older nurse who was working with a personal health problem of depression and/or musculoskeletal pain?

Clarifying questions included how nursing might have changed after developing a health problem. Questions about productivity, patient safety, perceptions of others, and barriers were also used to further clarify answers (Letvak, 2009).

Data analysis was guided by Moustakas' (1994) procedural steps: (a) transcripts read several times, (b) line-by-line coding, and (c) highlighting of significant statements. Meanings were described from the statements and then placed in clusters of themes with common descriptions. The theme clusters were then organized to explain experiences of older nurses working with a diagnosis of depression or musculoskeletal pain. Letvak (2009) maintained that rigor was established by the confirmation of several of the participants who provided trustworthiness of findings. The richness of description that emerged from data analysis supported the credibility of study findings.

Four major themes were identified from data analysis. Four themes also had two sub-themes each:

1. A Daily Struggle, with sub-themes of Inner Strength and Courage
2. My Practice of Nursing Change, with the two sub-themes of Moving Slowly and Patient Safety Concerns
3. Learning to Cope, with two sub-themes of Positive Coping Strategies and Negative Coping Strategies
4. Team Support, with two sub-themes of Supportive Relationships Are Important and A Lack of Administrative Support

In examining the themes and sub-themes, it was clear to Letvak (2009) that nurses who were in the category of either an older nurse with depression and/or musculoskeletal

pain had developed coping mechanisms to survive the work environment. Strategies that seemed to work for most included altering their work schedules, sharing their health problems with others, moving and electively changing physical positions to accommodate for their pain, choosing to move slowly, use of lifting equipment, seeking assistance from others in moving patients, pursuing other roles that were less strenuous, exercise, eating healthy, using stress reducing techniques, getting adequate sleep, and developing a more prayerful, spiritual life.

This research study (Letvak, 2009) brought forward the voices of older nurses who were struggling with health care issues related to depression and musculoskeletal pain. Patient safety was identified in this study as an area of concern by nurses themselves who know they cannot respond as quickly as they have in the past to emergency situations. Letvak (2009) recommended that health care institutions provide equipment and physical support to enable the nurse to protect her own health. Adequate breaks and areas to rest are vital for all nurses working the floor and providing direct patient care. Management support and peer support were viewed as critical to the success of older nurses with pain or depression issues. Health and wellness programs were suggested in conjunction with work re-design for the roles of nurses who could be utilized in a manner to reward nurse expertise despite reduced endurance and strength. The retention of older nurses can be successful if some of the following are provided:

1. A supportive workplace
2. Control over the work setting
3. Ergonomically friendly work environment

4. Retirement programs that offer creative work opportunities
5. Favorable work schedules
6. Social interactions with peers and patients
7. Recognition
8. Economic incentives
9. Innovative nursing roles that are less strenuous that require experience and education

Letvak (2009) declared that workplaces and colleagues must exhibit more understanding and caring to maintain experienced and tenured nurses in the workforce. More research is needed to examine the roles of the nurse as he/she advances to retirement and learns to deal with health related issues.

A study and resulting article written by Palumbo, McIntosh, Rambur, and Naud (2009) examined the challenges of leading a nursing workforce with the majority of the nurses over 45 years of age and developing policies and procedures for recruitment and retention of older nurses. The purpose of this study was to seek out information from registered nurses about their perception of plans to stay in their current position as a nurse with their current employer, organizational and unit culture regarding older nurses in the workforce, the significance of specific human resource (HR) policies or practices to workplace retention, and the current HR procedures in the workplace for older nurses.

A convenience sample of 583 RNs, in 12 rural health care organizations responded to a mailed survey, constructed through a modified Dillman approach (Dillman, 1978). Response rate was 53%. The survey examined perceptions of how and

if organizations were addressing recruitment and/or retention of older nurses. Four hospitals, seven health care agencies, and one nursing home were the settings where respondents were employed. These organizations agreed to have nurses participate in this study as part of a Health Resources and Services Administration career ladder initiative. There were no Magnet designated hospitals in this sample (Palumbo et al., 2009).

The questionnaire entitled, "Your Valuable Career Plans: Guidance for You and Your Employer," developed by the authors asked 24 questions on a 5-point Likert response scale. The Armstrong-Stassen instrument (Armstrong-Stassen, 2005) was augmented with the organizational commitment scale (Meyer & Allen, 1997), which included questions about intention to stay. Validity of the new organizational commitment items was supported by pre-testing with RNs working in a range of settings, including nursing homes, health care agencies, and hospitals. Also, the final instrument was reviewed by content experts (Palumbo et al., 2009). The respondents' demographic profiles, with the exception of racial diversity, were very similar to both the participating state and national nurse profiles (Office of Nursing Workforce Research Planning and Development, 2005). On average, the respondents indicated that they planned to stay in the workforce slightly longer than they planned to stay working as a nurse, and overall, they did not intend to stay in the same role nor the same organization for the remainder of their careers. The oldest cohort (age 55 or more) was significantly more likely to report the following as important: recruiting nurses over 50 years ($p = 0.003$), compensation ($p = 0.003$), and retirement options ($p < 0.0001$). About 58% of nurses planned to work

after they retired, but 19% did not plan to work as a nurse. Only 4% planned to work full time as a nurse after retirement. Concerns regarding an aging workforce were viewed as moderately important, and staff on individual units were open to working with nurse's age 50 to 59 years. Slightly less openness was perceived regarding working with nurses over the age of 60. Recruitment of these older nurses was not perceived to be important. Respondents reported three top HR practices that were important to retaining them were having a voice, recognition and respect, and receiving ongoing feedback regarding one's performance (Palumbo et al., 2009). These variables ranked above compensation and flexible work options. The three top HR practices reported by nurses included performance evaluation, recognition and respect, and programs for employee health and safety. The findings suggested that nurses in this sample saw their work as not nearly completed; they were willing to work longer if the organization created a responsive work environment. The authors suggested that organizations that respond thoughtfully will increasingly gain a competitive edge in retaining nurses (Palumbo et al., 2009).

Summary

This chapter has overviewed the theoretical framework for the study, research on retention of older nurses in other countries, and research on retention of older nurses in the USA. The literature review explored variables related to retention and satisfaction among inpatient hospital nurses and the relationship between retention and satisfaction among older nurses.

Most of the studies collected demographic data, such as age, sex, ethnicity, and race. Workplace and nurse characteristics were also documented, in addition to

policies/practices, health care issues, hourly status, role, and perceptions of plans to stay in the current work environment. Nurse satisfaction was not the primary focus of the studies, but satisfaction was referred to as an outcome of nurse retention. Many different frameworks were utilized in these studies, including Mayeroff's (1971) framework of caring. Instruments that were utilized were the Health Professions Stress Inventory (Wolfgang, 1988), McCain's Behavioral Commitment Scale (McCloskey, 1990), and Farley's Nursing Practice Environmental Scale (Farley & Nyberg, 1990). Data were collected by convenience or cross-sectional surveys that were conducted face-to-face, by mail, or by phone. Many of the survey tools utilized Likert scales for scoring purposes.

The settings ranged from the USA to the Middle East, United Kingdom, and 10 other European countries. Results of studies across countries revealed some similarities in that nurses were retiring early secondary to physical and emotional issues. Others were retiring due to familial or financial situations. It was clear that with the Baby-Boomer generation getting closer to retirement, the numbers leaving the profession were greater than the anticipated need.

Older nurses were increasingly noted as having the inability to keep up with the physical demands of hospital workloads. Bedside nursing has become increasingly stressful, both emotionally and physically. High patient acuity, rapid patient turnover, and a nursing shortage create increasing pressure for staff nurses. Two health problems that are known to impact the work productivity of nurses were mental health issues and musculoskeletal problems (Pilette, 2005).

Conclusions from the studies indicated that a nursing shortage was already underway and that, as time passed, older nurses would be electing to retire. This trend would increase the current nursing shortage and lead the profession to more dire straits in attempts to restructure and provide cost efficient care in the community. Nursing research in this arena is needed to establish a better understanding of why older nurses are leaving the workforce and to develop strategies to retain their expertise. Advances have been made in relation to the creation of lift-free policies and lifting equipment. Additional efforts are needed to protect nurses from occupational injuries. It is essential that nurse leaders work to create new and different assignments and nursing roles for the experienced older nurses who are unable to meet the growing demands of bedside nursing. This step will assist in keeping the experienced nurse skill sets at the bedside. The need for strong leaders who can effectively guide a changing workforce is great. Other strategies have been suggested to keep experienced nurses in the workforce for longer periods of time. These strategies include cultivating a climate of continuous, life-long learning; developing a career portfolio to maintain financial security structured ergonomic accommodations; develop strategies to support succession planning; and implementation of a phased retirement (Hill, 2010).

Additional research is needed to provide clarity across settings the issue of nurse job retention and job satisfaction. Only one study (Letvak & Buck, 2008) explored individual characteristics, workplace characteristics, job stress, work productivity, and intent to stay in nursing among RNs employed in direct patient care in the hospital setting. Since the variables for nurses leaving the workforce are not yet clarified, a

replication of this study is indicated. Specifically, this study examined the relationship between job satisfaction and job retention among older nurses and the relationships among selected individual characteristics, selected workplace characteristics, work productivity, and intent to stay in nursing among older registered nurses who deliver direct patient care in acute care settings.

Chapter III

Methods and Procedures

Introduction

Retention of older nurses in the workplace has been a topic of discussion in health care settings worldwide for at least a decade. Hospitals could potentially save on orientation costs and increase patient satisfaction/quality care with the retention of experienced nurses who might otherwise retire or leave the workplace. Since there has been limited research in this area, factors that influence nurse satisfaction and nurse retention have not been explicated, and no clear approaches have been tested to enhance job retention of nurses as they age. With predictions of increasing nursing shortages in the next few decades, more research on the retention of the older, experienced nurse and nurse satisfaction is needed (Kirschling et al., 2011).

This study was proposed to examine the relationship between job satisfaction and job retention among older nurses and the relationships among selected individual characteristics, selected workplace characteristics, work productivity, and intent to stay in nursing among older registered nurses who deliver direct patient care in acute care settings. This study was a partial replication of Letvak and Buck's (2008) study.

Research Questions

The research questions that guided this study were:

1. What is the relationship between job satisfaction and job retention among older nurses who deliver direct patient care in acute care settings?

2. What are the relationships among selected individual characteristics, selected workplace characteristics, work productivity, and intent to stay in nursing among older registered nurses who deliver direct patient care in acute care settings?

Population, Sample, and Setting

Nurses from three hospitals within the same hospital system in Central Indiana comprised the population for this study. All three hospitals were tertiary care, teaching facilities. The sample pool consisted of 500 RNs over the age of 50 years and employed full or part time as direct bedside nurses. No nurses were excluded on the basis of gender, race, or clinical area where they were employed. A power analysis was done to determine minimal acceptable sample size. In addition to the criteria above, all participants could read English and were over 18 years of age. The convenience sample was recruited by email announcements.

Protection of Human Subjects

Documents utilized for this study were submitted to each hospital's Institutional Review Board (IRB) for approval prior to implementation of this study. Approval and support were also given by the Medical Directors and Chief Nurse Executives for each hospital. Information was provided in individual unit staff meetings by the nursing directors for each involved unit. Daily emails were sent out on the hospital's web site to invite participation in this study. Nurses who responded and reported an interest in the study received per postal mail an information packet and the study instrumentation. The information packets included the purpose of the study, participant rights, and the expected date of return of the instrumentation for inclusion in the study.

Potential participants were informed in writing that participation was entirely voluntary and anonymous and that they could withdraw from the study at any time. They could also contact the principal investigator to ask any questions about the study. Consent to participate was indicated when the survey was returned. All data were confidential and returned by postage paid envelopes to the primary investigator for data entry. The instrumentation was not coded in any way.

Completed surveys were kept in a locked file in the locked office of the principal investigator. No one had access to the data except the principal investigator and a data entry clerk, who entered the data into SPSS by hand. At the end of the study, the data will be destroyed by shredding and by deleting computer files. The only risk to participants was a risk of being identified by responses to the demographic questions. The demographic variables included gender, age, race, marital status, and number of years' experience as a nurse. Workplace characteristics included employment status, facility, type of unit, average number of hours worked, average number of patients cared for, perceived quality of care, inability to meet patient needs, job satisfaction, and intent to leave. The diversity of the large sample pool provided assurance that an individual participant could not readily be identified through demographic data or responses about workplace characteristics. Participants were informed that no effort would be made to determine who did and did not participate in the study.

Procedures

The study was advertised through email in the participating hospitals. Nurses who responded by email that they were interested in receiving information about the

study provided the principal investigator with a mailing address. Information packets containing surveys were individually mailed to potential participants with a cover letter and instructions regarding confidential return. Potential participants were provided with an email and phone number through which they could contact the principal investigator for questions. Otherwise, there was no direct interaction between researchers and participants regarding the study. Surveys were to be returned within a four-week timeframe. A reminder post card was mailed to all potential respondents after two weeks, since there was no way to know who had responded and who had not.

The design of the study was cross-sectional comparative descriptive. There was no manipulation of variables by the researchers in this study.

Instruments and Methods of Measurement

Based on Letvak and Buck's study (2008), a questionnaire was developed with a 5-point Likert response scale that was utilized to measure nurses' individual characteristics, workplace characteristics, and intent to stay in nursing. These questionnaires were distributed as a cross sectional survey design. The McCloskey/Mueller Satisfaction Scale (Mueller & McCloskey, 1990) was also utilized for this study as this tool provided a valid measurement for nurse job satisfaction (Tourangeau, Hall, Doran & Petch, 2006). Individual characteristics included age, gender, race, total number of years worked as a RN, and marital status. Workplace characteristics included hours and shifts worked, type of unit, facility, average number of patients cared for, perceived quality of care, inability to meet patient's needs, job satisfaction, perceived general health condition, intent to leave, and work-related injuries.

Work-related injuries were measured by a dichotomous variable asking whether the RN had experienced any job-related injuries in the past 2 years. Open-ended questions also were asked about work-related injuries.

Work productivity was measured by the Work Productivity and Activity Impairment Questionnaire: General Health (WPAI-GH) (Letvak & Buck, 2008). Absenteeism, presenteeism, work productivity loss, and activity impairment comprised the WPAI-GH. Decreased productivity was reflected in higher numbers. Intent to stay in nursing for the next 5 years was measured by using a single item with a 5-point Likert scale.

The McCloskey/Mueller Satisfaction Scale (MMSS) (McCloskey, 1974) was developed in 1974 to identify and rank rewards and incentives that nurses valued and that encouraged them to remain in their jobs. McCloskey grouped hospital rewards and incentives into three distinct categories: safety, social, and psychological. The safety dimension of job satisfaction was conceptualized to include satisfaction with salary, work scheduling, and benefits. The social dimension of job satisfaction was conceptualized to include satisfaction with childcare facilities, immediate leadership support, relationships with peers, maternity leave support, and opportunities to socialize with peers. The psychological perspective of job satisfaction included satisfaction with praise and recognition, work responsibility, opportunities for further education, and control over work activities. A 5-point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied) was utilized in this study. In 1990, Mueller and McCloskey recommended that eight factors be grouped into the three originally hypothesized job satisfaction domains.

Safety rewards included three job satisfaction factors: extrinsic rewards, scheduling, and balance of family and work. Social rewards included two job satisfaction factors: co-workers and interaction opportunities. Psychological rewards included the remaining three job satisfaction factors: professional opportunities, work control and responsibility, and praise and recognition. Reliabilities for the eight subscales ranged between .52 and .84. Only four of the subscales had alpha reliabilities of .70 or higher; four had reliabilities less that the desirable minimum value of .70 (Nunnally & Bernstein, 1994). Totals of subscale scores were used in the analysis of this study. McCloskey and Mueller reported positive correlations ranging between .53 and .70 among subscales. The 31-item MMSS instrument demonstrated adequate internal consistency, factor stability, and criterion-related construct validity (Tourangeau, et al., 2006).

Data Analysis

Data were entered using a SPSS statistical program for the replication of Letvak and Buck's (2008) study. Replication and analysis for the MMSS was completed using the version of SPSS 11.5. To answer the research questions, the data first were analyzed descriptively by computing frequencies, means and standard deviations to describe the sample and then report mean scores for all variables. The author chose correlations according to the level of data to address both research questions and examine the relationships among the multiple variables of interest. When analyzing relationships among variables that were measured at the interval level, Pearson r correlations were used. Open ended questions were summarized by thematic analysis. Data were analyzed

by correlations among subscale scores. Respondents rated their satisfaction for each item on a 5-point scale ranging from very satisfied (5) to very dissatisfied (1).

Data from responses on the Work Productivity and Activity Impairment Questionnaire: General Health (WPAI-GH) (Loeppke et al., 2003) was analyzed with a linear regression analysis (Letvak & Buck, 2008). Age, total years worked as a RN, job stress score, having had a job injury, quality of care provided, and having a health problem, were considered as predictor variables to be included in the regression equation.

Further analysis of data from the McCloskey/Mueller Satisfaction Scale (McCloskey, 1974) included the computation of a confirmatory factor analysis to examine the stability of the eight subscales and to see if a reliable seven-factor model was more reliable than the original eight factors previously reported. Internal consistency reliabilities for subscales were also computed.

Summary

As a partial replication of the study conducted by Letvak and Buck (2008), this study aimed to explore job satisfaction and job retention in nursing. Two instruments were used to ascertain job satisfaction and job retention in older nurses. The WPAIQ-GH questionnaire obtains information on work-related injuries, work productivity, individual characteristics, and workplace characteristics. The McCloskey/Mueller Satisfaction Scale (McCloskey, 1974) was utilized to obtain information about job satisfaction by addressing 3 areas of incentives: safety, social, and psychological. Data analysis included descriptive and inferential statistics to address the research questions, which

targeted relationships among older nurses' job satisfaction, intent to stay in nursing, individual characteristics, workplace characteristics, and work productivity.

Results of this study may help guide the development of further initiatives to help keep older nurses satisfied and retain them in the nursing workforce for the benefits to patients and self.

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